U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## To be assigned Filing Date Herewith First Named Inventor Shawn C Black POWER OF ATTORNEY Title PHOSPHODIESTERASE 9 INHIBITION AS and TREATMENT FOR OBESITY-RELATED **CORRESPONDENCE ADDRESS** CONDITIONS Art Unit To be assigned INDICATION FORM **Examiner Name** To be assigned **Attorney Docket Number** PC25667A I hereby appoint: 28523 Practitioners at Customer Number X OR Practitioners named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR Firm or Individual Name **Address** Address City State Zip Country Fax Telephone I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Shawn<sub>i</sub>C Black Name Signature Date NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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POWER OF ATTORNEY	First Named Inve	entor Shaw	n C Black			
and CORRESPONDENCE ADDRESS	Title	TREAT	PHODIESTERASE 9 INHIBITION AS IMENT FOR OBESITY-RELATED ITIONS			
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	Examiner Name		assigned			
	Attorney Docket		667A			
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Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant or Assignee of Record						
Name Earl M Gibbs						
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	First Named Inventor		Shawn C Black			
	Title		PHOSPHODIESTERASE 9 INHIBITION AS TREATMENT FOR OBESITY-RELATED CONDITIONS			
	Art Unit		To be assigned			
	Examiner Name		To be assigned			
	Attorney Docket Number		PC25667A			
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OR						
Practitioners named below:						
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I am the:						
Applicant/Inventor.						
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SIGNATURE of Applicant or Assignee of Record						
Name John D McNeish						
Signature ADM - T	1					
Date Cemil 24, 2	006					
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